



Request for Services

Thank you for choosing to contact the Indiana Prevention Resource Center for your prevention needs. Please provide us with the following information so we can begin assisting you as soon as possible.

Organization Name: _____

Contact Person: _____ Title: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Describe the assistance needed

- | | | |
|-------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> PREV – STAT | <input type="checkbox"/> Training |
| <input type="checkbox"/> Technical | <input type="checkbox"/> ATOD survey | <input type="checkbox"/> Other |

Please provide the specifics and details of your project. Include any grant deadlines or requirements that may apply. *(This box will expand as you type.)*

What is the best way to contact you? _____

- | | | |
|--|------------------------------|-----------------------------|
| Have you used the IPRC before? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your organization serve Indiana? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the organization tax exempt under IRD code 501 c 3? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

How do you hear about the IPRC?

- | | | |
|--|--|--|
| <input type="checkbox"/> Friend or coworker | <input type="checkbox"/> IPRC staff member | <input type="checkbox"/> Media |
| <input type="checkbox"/> Training/presentation/exhibit | <input type="checkbox"/> Brochure | <input type="checkbox"/> Web/Search Engine |
| <input type="checkbox"/> other _____ | | |

We are committed to providing you with the highest level of customer satisfaction possible. If for any reason you have questions or comments, we are delighted to hear from you.

Voice and TDD: 812-855-1237
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